Checking Your Baby From Head to Toe

Newborn screening is a way to identify babies who are at risk for serious disorders that are treatable, but are "hidden" or not visible at birth. State law requires that all babies in Indiana be tested for 43 disorders and for hearing loss.





QUESTIONS?

Maternal and Children's Special Health Care Sevices

Newborn Screening Progam

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Indiana State Department of Health

Newborn Screening

Information
Parents
Need to know



Questions & Answers

What is the Indiana Newborn Screening Program?

It is a series of tests on your baby's blood for 43 inherited disorders of body function. Your baby will also receive newborn hearing

Who is Screened?

Your baby and every baby born in Indiana.

How Is Your Baby Screened?

- A few drops of blood from your baby's heel will be sent to a special lab to be screened.
- Test results will go to your doctor.

When Should it be Done?

The test should be done before your baby goes home from the hospital or by 48 hours of life.

If babies go home from the hospital before they are 48 hours old, the newborn heelstick screen **must** be done again. If this happens, you will need to bring your baby to the hospital for repeat screening before he/ she is five days old.

Why is it done?

These disorders are serious and can be treated if found early. Many complications can be prevented.

Disorder Name	What is It?	What Happens With- out Treatment	Treatment
Phenylketonuria (PKU)	Baby is unable to use a certain part of protein found in food	Mental retardation	Special diet and blood monitoring
Maple Syrup Urine Disease (MSUD)	Baby is unable to use a certain part of protein found in food	Severe disability or death	Special diet with blood monitoring; a medical plan for times of illness
Galactosemia	Baby is unable to use a certain kind of sugar (galactose) found in breast milk and infant formulas	Death in the newborn period	Replace milk products in the diet with a milk substitute
Biotinidase Deficiency	Baby is unable to use a necessary vitamin called biotin	Convulsions, hearing loss and mental retardation	Biotin supplement
Sickle Cell Anemia	Baby has sickle shaped red blood cells	Possible sudden death from infection	Daily penicillin to reduce risk of infection
Hypothyroidism	Baby has low level of thyroid hormones	Mental retardation and poor growth	Thyroid hormone replacement
Congenital Adrenal Hyperplasia	Baby has adrenal gland hormone abnormalities	Death in the newborn period	Adrenal hormone replacement
Medium Chain Acyl- Coenzyme A Dehydrogenase (MCAD) deficiency	Baby is unable to use fat as an energy source when sugars are unavailable	Seizures, coma or sudden unexplained death	Special diet and a medical plan for times of illness
Homocysteinuria	Baby is unable to use a part of a protein found in food	Mental retardation, poor bone development and blood clotting	Special diet and vitamins (vitamin B6)
34 other amino acid defects, fatty acid oxidation defects and/or organic acidemias.	Baby cannot remove certain waste products from the body	Severe disability or death in some cases	Special diet and medicines